

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2003Open to Public
Inspection**A For the 2003 calendar year, or tax year beginning** 07/01, 2003, **and ending** 06/30/2004**B** Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**NATIONAL POLICE DEFENSE FOUNDATION, INC.**

Number and street (or P O box if mail is not delivered to street address)

Room/suite

21 KILMER DR., BLDG 2,**SUITE F**

City or town, state or country, and ZIP + 4

MORGANVILLE, NJ 07751**D Employer identification number****13-3830191****E Telephone number****(732) 446-3360****F Accounting method**☐ Cash☒ Accrual

Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.NPDF.ORG****J Organization type** (check only one) ☒ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,460,101.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	1,305,108.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ noncash \$)	1d	1,305,108.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3	106,532.		
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	6,492.		
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d					
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	41,969.		
b	Less direct expenses other than fundraising expenses	9b	24,873.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	17,096.		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,435,228.		
13	Program services (from line 44, column (B))	13	165,388.		
14	Management and general (from line 44, column (C))	14	30,954.		
15	Fundraising (from line 44, column (D))	15	1,105,502.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	1,301,844.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	133,384.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	349,023.		
20	Other changes in net assets or fund balances (attach explanation)	20	-36,218.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	446,189.		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 NONE			
26 Other salaries and wages	26 45,309.	33,981.	11,328.	
27 Pension plan contributions	27 6,396.	4,797.	1,599.	
28 Other employee benefits	28			
29 Payroll taxes	29 4,154.	3,116.	1,038.	
30 Professional fundraising fees	30 1,100,685.			1,100,685.
31 Accounting fees	31 5,975.	4,482.	1,493.	
32 Legal fees	32 10,748.	10,295.		453.
33 Supplies	33			
34 Telephone	34 4,338.	3,678.	660.	
35 Postage and shipping	35 8,798.	8,330.	231.	237.
36 Occupancy	36 4,975.	4,975.		
37 Equipment rental and maintenance	37			
38 Printing and publications	38 10,368.	10,368.		
39 Travel	39 15,793.	14,407.	1,032.	354.
40 Conferences, conventions, and meetings	40 12,142.	9,772.	2,301.	69.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 4,792.		4,792.	
43 Other expenses not covered above (itemize) STMT 3	43a 67,371.	57,187.	6,480.	3,704.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 1,301,844.	165,388.	30,954.	1,105,502.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? **STMT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a STMT 5		
	(Grants and allocations \$ _____)	57,951.
b		
	(Grants and allocations \$ _____)	62,809.
c		
	(Grants and allocations \$ _____)	44,628.
d		
	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		165,388.

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	310,286.	45	453,005.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a 69,391.		
	b Less allowance for doubtful accounts	48b	48c	69,391.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	NONE	52	2,555.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) STMT 6. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	NONE	54	11,057.
	55a Investments - land, buildings, and equipment basis	55a 32,488.		
	b Less accumulated depreciation (attach schedule)	55b 4,792.	55c	27,696.
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation (attach schedule)	57b	57c		
58 Other assets (describe ▶ STMT 7)	1,400.	58	1,400.	
59 Total assets (add lines 45 through 58) (must equal line 74)	450,470.	59	565,104.	
Liabilities	60 Accounts payable and accrued expenses	7,637.	60	21,121.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe ▶ STMT 8)	93,810.	65	97,794.	
66 Total liabilities (add lines 60 through 65)	101,447.	66	118,915.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	349,023.	67	446,189.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	349,023.	73	446,189.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	450,470.	74	565,104.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions)

[illegible]Form **990** (2003)

Yes	No
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Form **990** (2003)

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					106,532.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	6,492.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	17,096.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				23,588.	106,532.
105 Total (add line 104, columns (B), (D), and (E))					130,120.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	DUES REPRESENT MEMBER CONTRIBUTIONS TOWARDS THE OPERATING COSTS OF THE FOUNDATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

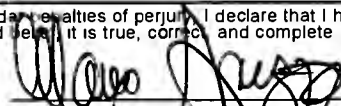
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign  Date 11-11-2004

Signature of officer _____ Date _____

ASURER

Date	11-2-04	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
			P00235435

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2003

Name of the organization

NATIONAL POLICE DEFENSE FOUNDATION, INC.

Employer identification number

13-3830191

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ANGELA OCCHIPINTI</u> <u>41 TERENCE DRIVE</u>	ADMINISTRA 40 HRS/WK	45,000.	6,396.	NONE
Total number of other employees paid over \$50,000 ►		NONE		

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NEW LIBERTY P.</u> <u>522 BRICK BLVD, BRICK, NJ</u>	FUND RAISING	911,055.
<u>NEW AGE PROMOTIONS</u> <u>6914 NEW UTRECHT AVE, BROOKLYN, NY 12228</u>	FUND RAISING	186,799.
Total number of others receiving over \$50,000 for professional services ►		NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

JSA

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	919,797.	957,808.	271,211.	619,657.	2,768,473.
16 Membership fees received	103,481.	107,398.	67,572.	68,080.	346,531.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	NONE	4,413.	3,066.	21,373.	28,852.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,052.	3,887.	5,283.	4,227.	16,449.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 14 18,655.	294.	8,317.		27,266.
23 Total of lines 15 through 22	1,044,985.	1,073,800.	355,449.	713,337.	3,187,571.
24 Line 23 minus line 17	1,044,985.	1,069,387.	352,383.	691,964.	3,158,719.
25 Enter 1% of line 23	10,450.	10,738.	3,554.	7,133.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT APPLICABLE					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2002) _____ (2001) _____ (2000) _____ (1999) <u>14,240.</u>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add Amounts from column (e) for lines 15 <u>2,768,473.</u> 16 <u>346,531.</u> 17 <u>28,852.</u> 20 _____ 21 _____					27c 3,143,856.
d Add Line 27a total <u>14,240.</u> and line 27b total _____					27d 14,240.
e Public support (line 27c total minus line 27d total)					27e 3,129,616.
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 3,187,571.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.1818 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.5160 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V**Private School Questionnaire** (See page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)**NOT APPLICABLE**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 . . .			
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 . . .			
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 . . .			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
Lobbying nontaxable					
45 amount					
Lobbying ceiling amount					
46 (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.		Yes	No	Amount
a Volunteers			X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)			X	
c Media advertisements			X	
d Mailings to members, legislators, or the public			X	
e Publications, or published or broadcast statements			X	
f Grants to other organizations for lobbying purposes			X	
g Direct contact with legislators, their staffs, government officials, or a legislative body			X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			X	
i Total lobbying expenditures (Add lines c through h)				

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS- AWARDS BANQUET	41,969.	24,873.	17,096.
TOTALS	41,969.	24,873.	17,096.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

PRIOR PERIOD ADJUSTMENT

-36,218.

TOTAL

-36,218.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INDEPENDENT CONTRACTORS	8,150.	5,332.	353.	2,465.
BANK CHARGES	3,808.	2,640.	67.	1,101.
LICENSES AND REGISTRATIONS	579.	579.		
OFFICE	18,061.	15,687.	2,236.	138.
DUES	977.	977.		
GOOD AND WELFARE	376.	276.	100.	
INTERNET EXPENSES	705.	705.		
INSURANCE	583.	583.		
COMPUTER REPAIRS AND TRAINING	1,058.	724.	334.	
DONATIONS	15,622.	13,116.	2,506.	
POLICE MEMORIAL	15,000.	15,000.		
UNREALIZED LOSS ON INVESTMENTS	884.		884.	
MOTOR VEHICLE LICENSE PLATES	1,568.	1,568.		
TOTALS	67,371.	57,187.	6,480.	3,704.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

PROVIDES LEGAL SERVICES TO POLICE OFFICERS, REWARDS FOR INFORMATION
ON PERSONS SHOOTING A LAW ENFORCEMENT OFFICER AND PROGRAM FOR MISSING
AND KIDNAPPED CHILDREN.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

SAFE COP PROGRAM: REWARDS FOR PUBLIC INFORMATION LEADING TO THE ARREST & CONVICTION OF ANYONE WHO SHOOTS A LAW ENFORCEMENT OFFICER.

57,951.

OPERATION KIDS: FREE DISPOSABLE FINGERPRINT PROGRAM WHICH HELPS IDENTIFY MISSING & KIDNAPPED CHILDREN. POSTING PERIODIC REWARDS FOR MISSING CHILDREN, AND ARRANGING FOR LIFE SAVING HEART OPERATIONS FOR CRITICALLY ILL CHILDREN.

62,809.

LEGAL DEFENSE: PROVIDES FREE LEGAL REFERRAL PROGRAMS TO LAW ENFORCEMENT OFFICERS.

44,628.

TOTAL

165,388.
=====

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
MARKETABLE SECURITIES	11,057.

TOTALS	11,057.
	=====

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
SECURITY DEPOSITS	1,400.

TOTALS	1,400.
	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PAYROLL TAXES PAYABLE	951.
FUND RAISING COMMISS PAYABLE	58,982.
DEFERRED REVENUE	37,861.

TOTALS	97,794.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT

SPECIAL EVENTS COSTS

24,873.

TOTAL

24,873.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT

SPECIAL EVENTS COSTS

24,873.

TOTAL

24,873.
=====

NATIONAL POLICE DEFENSE FOUNDATION, INC.

13-3830191

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
JOSEPH OCCHIPINTI 41 TERENCE DRIVE MANALAPAN, NJ 07726	EXECUTIVE DIRECTOR 30 HRS/WK	NONE	NONE	NONE
JOHN HOLDER 87-33 90TH ST WOODHAVEN, NY 11372	PRESIDENT 20 HRS/WK	NONE	NONE	NONE
JOHN HICKEY 16 MERRIENWOLD LANE SOUTH MONROE, NY 10950	VICE PRESIDENT 1 HRS/WK	NONE	NONE	NONE
MARIO APUZZO, ESQ. 185 GATZMERE AVENUE JAMESBURG, NJ 08831	TREASURER 10 HRS/WK	NONE	NONE	NONE
STANLEY MILSTEIN 35 GEYSER DRIVE STATEN ISLAND, NY 10312	SECRETARY 1 HR/WEEK	NONE	NONE	NONE
DARREL OBER 71 MILLERS GAP ROAD ENOLA, PA 17025	ADMINISTRATOR 10 HRS/WK	NONE	NONE	NONE
JACK RUSSO 389 SHIRLEY AVENUE STATEN ISLAND, NY 10312	ADMINISTRATOR 1 HR /WEEK	NONE	NONE	NONE
ROBERT CARON 1718 EYRE PLACE NORTH BELLMORE, NY 11710	ADMINISTRATOR 1 HR/WEEK	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EUGENE SETH BRITT, MD 361 WEST 23RD STREET NEW YORK, NY 10011	DIRECTOR <i>Medical Affairs</i> 10 HRS/WK	NONE	NONE	NONE
ALAN M. WOLIN, ESQ 420 JERICHO TURNPIKE JERICHO, NY 11753	CHIEF LEGAL COUNSEL 10 HRS/WK	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

SCHEDULEA, PART III-EXPLANATION FOR LINE 2D

Wife of Executive Director is the Office Administrator who was paid \$45,000 for performing a variety of administrative and book keeping services, which included the daily administration of the Membership Processing Center.

STATEMENT 13

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2002	2001	2000	1999	TOTAL
MISCELLANEOUS INCOME					
SPECIAL EVENTS & ACTIVITIES	18,655.	294.	8,317.		27,266.
TOTALS	18,655.	294.	8,317.		27,266.

National Police
Depreciation Expense [Depreciation]
GAAP
For the Period July 1, 2003 to June 30, 2004

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Depr Exp GL Acct # {no value}										
000020	1996 Nissan Maxima									
	06/25/2003	SL100FM	5 0	7,740 00	1,548 00	129 00	1,548.00	0 00	0 00	1,677 00
000030	2003 Lincoln Towncar									
	03/05/2003	SL100FM	5 0	23,500 00	3,100 00	783 33	3,100 00	0 00	0 00	3,883.33
000040	Computers									
	03/03/2004	SL100FM	5 0	2,160 00	144 00	0 00	144 00	0 00	0 00	144 00
Subtotal {no value} (3)				33,400 00	4,792 00	912 33	4,792 00	0 00	0 00	5,704 33
Grand Total				33,400 00	4,792 00	912 33	4,792 00	0 00	0 00	5,704 33